

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Heartland Values PAC

ADDRESS (number and street)

PO Box 505

☐Check if different
than previously
reported. (ACC)

Sioux Falls

SD

57101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409003

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of

SD

(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Barb J Buell, Deputy Treasurer

Signature of Treasurer

Electronically Filed by Barb J Buell, Deputy Treasurer

Date

10

22

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Heartland Values PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		353676.72
(b) Cash on Hand at Beginning of Reporting Period	294671.69	
(c) Total Receipts (from Line 19)	11030.00	364151.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305701.69	717828.31
7. Total Disbursements (from Line 31)	86566.99	498693.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	219134.70	219134.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Heartland Values PAC

Report Covering the Period:

From:

M M D D Y Y W Y
1 0 0 1 2 0 0 8

To:

M M D D Y Y W Y
1 0 1 5 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10000.00	251870.00
(i) Itemized (use Schedule A)	30.00	46138.00
(ii) Unitemized	10030.00	298008.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	1000.00	55900.00
(c) Other Political Committees (such as PACs)	11030.00	353908.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	5243.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11030.00	364151.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11030.00	364151.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	26066.99	326693.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	26066.99	326693.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	155000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1500.00
29. Other Disbursements.....	5500.00	15500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86566.99	498693.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86566.99	498693.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11030.00	353908.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11030.00	352408.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26066.99	326693.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26066.99	326693.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)

Thomas S Everist

Mailing Address 709 E Tomar Rd

City

Sioux Falls

State

SD

Zip Code

57105-7053

FEC ID number of contributing
federal political committee.

C

Name of Employer
LG Everist

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81015.C23702

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barbara Everist

Mailing Address 709 E Tomar Rd

City

Sioux Falls

State

SD

Zip Code

57105-7053

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Dakota

Occupation

Attn/State Senator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81015.C23701

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)

Property Casualty Insurers Assoc of Amer

Mailing Address 444 N Capitol St NW Ste 801

City

Washington

State

DC

Zip Code

20001-1508

FEC ID number of contributing
federal political committee.**C** C00066472

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Transaction ID: 81015.C23703

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Ryan Nelson	Transaction ID: 81016.E2217 Date of Disbursement
Mailing Address 224 N Phillips Ave Ste 210	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Sioux Falls SD 57104-6062	Amount of Each Disbursement this Period <div>35.00</div>
Purpose of Disbursement Travel Expenses Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
TRAVEL EXPENSES	
B. Full Name (Last, First, Middle Initial) The LS Group	Transaction ID: 81016.E2216 Date of Disbursement
Mailing Address 912 F St NW Apt 1106	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20004-1451	Amount of Each Disbursement this Period <div>187.49</div>
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
REIMBURSEMENT: SEE BELOW	
C. Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81016.E2234 Date of Disbursement
Mailing Address 1250 H St NW Ste 100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20005-3952	Amount of Each Disbursement this Period <div>27.49</div>
Purpose of Disbursement PAC Event Supplies Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: PAC EVENT SUPPLIES	

SUBTOTAL of Disbursements This Page (optional)

222.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) First National Bank	Transaction ID: 81016.E2232 Date of Disbursement
Mailing Address 100 N Phillips Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div>
City State Zip Code Sioux Falls SD 57104-6715 Purpose of Disbursement Bank Service Fee Candidate Name	Amount of Each Disbursement this Period <div>25.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type BANK SERVICE FEE
B. Full Name (Last, First, Middle Initial) The LS Group	Transaction ID: 81016.E2227 Date of Disbursement
Mailing Address 912 F St NW Apt 1106	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20004-1451 Purpose of Disbursement Fundraising Consultant Candidate Name	Amount of Each Disbursement this Period <div>1041.67</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type FUNDRAISING CONSULTANT
C. Full Name (Last, First, Middle Initial) PayPal Inc	Transaction ID: 81016.E2223 Date of Disbursement
Mailing Address 4100 Solutions Ctr # 774100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code Chicago IL 60677-4001 Purpose of Disbursement Credit Card Service Fee Candidate Name	Amount of Each Disbursement this Period <div>61.85</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CREDIT CARD SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)

1128.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Office Elements Mailing Address PO Box 3320	Transaction ID: 81016.E2213 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Sioux City IA 51102-3320 Purpose of Disbursement PAC Office Supplies Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>56.86</div> PAC OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Sprint Mailing Address Customer Service City State Zip Code Taunton MA 02780- Purpose of Disbursement Phone Service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 81016.E2228 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>57.29</div> PHONE SERVICE
C. Full Name (Last, First, Middle Initial) Midcontinent Communications Mailing Address PO Box 5010 City State Zip Code Sioux Falls SD 57117-5010 Purpose of Disbursement Utilities Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 81016.E2210 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>25.02</div> UTILITIES

SUBTOTAL of Disbursements This Page (optional) ►

139.17

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A.	Transaction ID: 81016.E2230 Date of Disbursement
Full Name (Last, First, Middle Initial) Xcel Energy Mailing Address PO Box 9477	<div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>0</div> </div> <div> <div>1</div><div>5</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div>
City Minneapolis State MN Zip Code 55484-0001 Purpose of Disbursement Utilities Candidate Name	Amount of Each Disbursement this Period <div>34.12</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type UTILITIES
B.	Transaction ID: 81016.E2211 Date of Disbursement
Full Name (Last, First, Middle Initial) Van Brunt on Phillips LLC Mailing Address 3130 W 57th St Ste 112	<div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>0</div> </div> <div> <div>0</div><div>3</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div>
City Sioux Falls State SD Zip Code 57108-3126 Purpose of Disbursement PAC Office Rent Candidate Name	Amount of Each Disbursement this Period <div>521.82</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC OFFICE RENT
C.	Transaction ID: 81016.E2229 Date of Disbursement
Full Name (Last, First, Middle Initial) Qwest Mailing Address PO Box 91104	<div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>0</div> </div> <div> <div>1</div><div>5</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div>
City Seattle State WA Zip Code 98111-9204 Purpose of Disbursement Telephone Service Candidate Name	Amount of Each Disbursement this Period <div>43.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

599.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) First National Bank	Transaction ID: 81016.E2219 Date of Disbursement																				
Mailing Address 100 N Phillips Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	8												
City State Zip Code Sioux Falls SD 57104-6715	Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.37</td> </tr> </table>	15.37																			
15.37																					
Purpose of Disbursement Credit Card Service Fee Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SERVICE FEE																				
B. Full Name (Last, First, Middle Initial) Team Logic IT	Transaction ID: 81016.E2215 Date of Disbursement																				
Mailing Address 3313 S Western Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
City State Zip Code Sioux Falls SD 57105-5334	Amount of Each Disbursement this Period <table border="1"> <tr> <td>794.93</td> </tr> </table>	794.93																			
794.93																					
Purpose of Disbursement IT Support Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IT SUPPORT																				
C. Full Name (Last, First, Middle Initial) First National Bank	Transaction ID: 81016.E2207 Date of Disbursement																				
Mailing Address 100 N Phillips Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City State Zip Code Sioux Falls SD 57104-6715	Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.25</td> </tr> </table>	35.25																			
35.25																					
Purpose of Disbursement Credit Card Service Fee Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SERVICE FEE																				

SUBTOTAL of Disbursements This Page (optional)

845.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 360002

City State Zip Code
Fort Lauderdale FL 33336-0002

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81016.E2218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13167.90

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
City Center Hotel

Mailing Address 411 Minnesota St

City State Zip Code
Saint Paul MN 55101-1703

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81016.E2252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2404.41

[MEMO ITEM]
MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
Dav El Services

Mailing Address 200 2nd St

City State Zip Code
Chelsea MA 02150-1802

Purpose of Disbursement
Transportation Service

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81016.E2238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

187.06

[MEMO ITEM]
MEMO: TRANSPORTATION SERVICE

SUBTOTAL of Disbursements This Page (optional)

13167.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Dollar Rent-A-Car	Transaction ID: 81016.E2236 Date of Disbursement																				
Mailing Address 23520 E 78th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
City State Zip Code Denver CO 80249-6386	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>5</td><td>6</td><td>.</td><td>2</td><td>4</td> </tr> </table>	5	5	6	.	2	4														
5	5	6	.	2	4																
Purpose of Disbursement Auto Rental Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hilton Garden Inn	Transaction ID: 81016.E2243 Date of Disbursement																				
Mailing Address 411 Minnesota St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
City State Zip Code Saint Paul MN 55101-1703	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>2</td><td>2</td><td>.</td><td>8</td><td>5</td> </tr> </table>	4	2	2	.	8	5														
4	2	2	.	8	5																
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mannys Steakhouse	Transaction ID: 81016.E2242 Date of Disbursement																				
Mailing Address 1300 Nicollet Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
City State Zip Code Minneapolis MN 55403-2667	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>7</td><td>.</td><td>7</td><td>8</td> </tr> </table>	1	1	7	.	7	8														
1	1	7	.	7	8																
Purpose of Disbursement Meals Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 7500 Airline Dr

City State Zip Code
Minneapolis MN 55450-1101

Purpose of Disbursement
Airline Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81016.E2237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1744.50

[MEMO ITEM]

MEMO: AIRLINE TRAVEL

B.

Full Name (Last, First, Middle Initial)
Oceanaire

Mailing Address 1201 F St NW

City State Zip Code
Washington DC 20004-1217

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81016.E2246

Date of Disbursement

/ /

Amount of Each Disbursement this Period

929.00

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Potbelly Sandwich Works

Mailing Address 555 12th St NW

City State Zip Code
Washington DC 20004-1202

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81016.E2247

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.11

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Ruth Chris Steakhouse	Transaction ID: 81016.E2254																				
Mailing Address 1801 Connecticut Ave NW	Date of Disbursement																				
City Washington State DC Zip Code 20009-5700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
Purpose of Disbursement Meals	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">1311.97</td> </tr> </table>	1311.97																			
1311.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEALS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) St Paul Hotel	Transaction ID: 81016.E2250																				
Mailing Address 345 Saint Peter St Ste 2000	Date of Disbursement																				
City Saint Paul State MN Zip Code 55102-1221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
Purpose of Disbursement Meals	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">297.27</td> </tr> </table>	297.27																			
297.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEALS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) TiVo	Transaction ID: 81016.E2239																				
Mailing Address PO Box 2160	Date of Disbursement																				
City Alviso State CA Zip Code 95002-2160	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
Purpose of Disbursement DVR Subscription	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">12.95</td> </tr> </table>	12.95																			
12.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: DVR SUBSCRIPTION																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Van Brunt on Phillips LLC	Transaction ID: 81016.E2212																				
Mailing Address 3130 W 57th St Ste 112	Date of Disbursement																				
City State Zip Code Sioux Falls SD 57108-3126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	8												
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>2.41</td> </tr> </table>	2.41																			
2.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	UTILITIES																				
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The LS Group	Transaction ID: 81016.E2224																				
Mailing Address 912 F St NW Apt 1106	Date of Disbursement																				
City State Zip Code Washington DC 20004-1451	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	8												
Purpose of Disbursement Fundraising Consultant	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>9425.00</td> </tr> </table>	9425.00																			
9425.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FUNDRAISING CONSULTANT																				
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryan Cave LLP	Transaction ID: 81016.E2231																				
Mailing Address PO BOX 503089	Date of Disbursement																				
City State Zip Code Saint Louis MO 63150-0001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	8												
Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>501.05</td> </tr> </table>	501.05																			
501.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	LEGAL FEES																				
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9928.46

TOTAL This Period (last page this line number only)

26031.99

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Full Name (Last, First, Middle Initial) Chris Lien for Congress Mailing Address 2144 Jackson Blvd	Transaction ID: 81016.E2205 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2008</div> </div>
City Rapid City State SD Zip Code 57702-1500 Purpose of Disbursement 2008 GENERAL Candidate Name CHRISTIAN BRUCE LIEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 00	Amount of Each Disbursement this Period <div>5000.00</div> 2008 GENERAL
B. Full Name (Last, First, Middle Initial) Joel Dykstra for US Senate Mailing Address PO Box 8 City Canton State SD Zip Code 57013-0008 Purpose of Disbursement GENERAL 2008 Candidate Name JOEL DEAN DYKSTRA Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 00	Transaction ID: 81016.E2208 Date of Disbursement <div> <div>10</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> GENERAL 2008
C. Full Name (Last, First, Middle Initial) John Kennedy for US Senate Mailing Address PO Box 14861 City Baton Rouge State LA Zip Code 70898-4861 Purpose of Disbursement 2008 GENERAL Candidate Name JOHN NEELY KENNEDY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 00	Transaction ID: 81016.E2209 Date of Disbursement <div> <div>10</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> 2008 GENERAL

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)
Schaffer Victory Committee

Mailing Address PO Box 100366

City State Zip Code
Denver CO 80250-0366

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROBERT W SCHAFFER

Office Sought: ☐ House
☒ Senate
☐ President

State: CO District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 81016.E2222

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Special Teams Committee 2008

Mailing Address 425 2nd St NE

City State Zip Code
Washington DC 20002-4914

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SPECIAL TEAMS 2008 COMMITTEE, THE

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 81016.E2221

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

35000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

55000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A.

Full Name (Last, First, Middle Initial)

Schlekeway for House

Mailing Address 1617 S Campbell Trl

City State Zip Code
Sioux Falls SD 57106-3363

Purpose of Disbursement
2008 GENERAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81016.E2220

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

South Dakota Republican Party

Mailing Address PO Box 1099

City State Zip Code
Pierre SD 57501-1099

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81016.E2226

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

5500.00